

My Insulin Plan

Goal:

Fasting: Blood glucose range _____ mg/dL

Blood glucose range before meals _____ mg/dL

Blood glucose range 2 hours after meals _____ mg/dL

Breakfast		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m. _____ p.m.		
Lunch		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m. _____ p.m.		
Dinner		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m. _____ p.m.		
Bedtime		
Test your blood glucose: <input type="checkbox"/> before <input type="checkbox"/> after		
Insulin	Type	Amount
	_____	_____
Time taken: _____ a.m. _____ p.m.		